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CONFIRMATION NO. 4469

Bib Data Sheet

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|--|--|-------------------------------|--|---|
| <b>SERIAL NUMBER</b><br>10/828,684   | <b>FILING OR 371(c) DATE</b><br>04/21/2004<br><b>RULE</b>  | <b>CLASS</b><br>715           | <b>GROUP ART UNIT</b><br>2621  | <b>ATTORNEY DOCKET NO.</b><br>066243-0248<br>(141451) |
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| <b>** CONTINUING DATA *****</b>  |  |                               |  |   |
| <b>** FOREIGN APPLICATIONS *****</b>   |  |                               |  |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br>** 06/25/2004  |  |                               |  |   |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u> |  | <b>STATE OR COUNTRY</b><br>IL | <b>SHEETS DRAWING</b><br>4   | <b>TOTAL CLAIMS</b><br>34                             |
|  |  |                               |  | <b>INDEPENDENT CLAIMS</b><br>4                        |
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| <b>TITLE</b><br>Method and system for displaying regions of pathological interest  |  |                               |  |   |
| <b>FILING FEE RECEIVED</b><br>1108   | <b>FEES: Authority has been given in Paper</b><br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input checked="" type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |